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FILE COVERS 1907 - 25 Jan 2005  VOL 142 ISS 5
FILE LAST UPDATED: 24 Jan 2005  (20050124/ED)

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.


=> d his

     (FILE 'HOME' ENTERED AT 15:16:39 ON 25 JAN 2005)
               SET COST OFF

     FILE 'HCAPLUS' ENTERED AT 15:16:51 ON 25 JAN 2005
               E OGATA E/AU,IN
L1           382 S E3,E20-E21
               E KOIZUMI M/AU,IN
L2           398 S E3-E5
               E KOIZUMI MITSURU/AU,IN
L3            37 S E3-E4
               E TAKAHASHI S/AU,IN
L4           919 S E3-E6
               E TAKAHASHI SHUNJI/AU,IN
L5            61 S E3-E4
L6             0 S L1 AND L2 AND L3 AND L4 AND L5
L7          1784 S L1 OR L2 OR L3 OR L4 OR L5
               E OSTEOBLAST
L8         13075 S E3-E4
L9            18 S L7 AND L8
L10           41 S L7 AND (PROLIFERATION OR CALCIFICATION)
L11           31 S L7 AND (MARTIX OR MARKER)
L12            3 S L10 AND L11
L13            9 S L7 AND (CARBOXYTERMINAL OR PROCOLLAGEN OR OSTEOCALCIN)
L14            1 S L10 AND L13
L15           99 S L7 AND BONE
L16            8 S L15 AND L13
L17            9 S L14 OR L16
L18            4 S L17 AND (?CANCER? OR ?CARCINOMA? OR ?TUMOR? OR MALIGNANT?)

     FILE 'HCAPLUS' ENTERED AT 15:44:35 ON 25 JAN 2005
L19            1 S L8 AND L18
L20            4 S L7 AND L7 AND L18

     FILE 'HCAPLUS' ENTERED AT 15:47:18 ON 25 JAN 2005

=> d ibib abs l20 tot
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L20 ANSWER 1 OF 4 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 2004:4888 HCAPLUS
DOCUMENT NUMBER: 140:161409
TITLE: Comparison of serum **bone** resorption markers in the diagnosis of skeletal metastasis
AUTHOR(S): **Koizumi, Mitsuru**; **Takahashi, Shunji** ; **Ogata, Etsuro**
CORPORATE SOURCE: Department of Nuclear Medicine, Cancer Institute Hospital, Toshima-ku, Tokyo, 170-8455, Japan
SOURCE: Anticancer Research (2003), 23(5B), 4095-4099
CODEN: ANTRD4; ISSN: 0250-7005
PUBLISHER: International Institute of Anticancer Research
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Background: There are several **bone** resorption markers which are generated by different mechanisms. The serum level of 3 different **bone** resorption markers in **cancer** patients with or without skeletal metastasis was compared to see whether the markers exhibit clin. significant differences useful for metastatic screening. Patients and Methods: Serum **bone** metabolic markers were measured in 75 **cancer** patients with and 201 **cancer** patients without skeletal metastasis. The 3 **bone** resorption markers, N-terminal cross-linked telopeptide of type I collagen (NTx), pyridinoline cross-linked carboxy-terminal telopeptides of type I collagen (ICTP) and tartrate-resistant acid phosphatase type 5b (TRAP 5b), and two **bone** formation markers, **procollagen** type I C-terminal peptide (PICP) and **procollagen** type I N-terminal peptide (PINP), were measured in the single sample. Each marker serum level was compared with the menopausal and the osseous metastatic status assessed using Soloway's method for each patient. Results: **Bone** resorption marker serum levels, except for ICTP, were about 16% larger in postmenopausal patients than in premenopausal patients. All 3 **bone** resorption marker serum levels were 3-4 times greater in patients with extensive skeletal metastasis (extent of disease III; EOD = III) than in patients with no osseous metastasis. Although ROC anal. indicated each **bone** resorption marker had a similar sensitivity and specificity regarding the ability to detect osseous metastasis, some differences were detectable. The T-score of TRAP 5b was elevated, but not significantly so, in patients with a small **bone** metastatic burden (EOD = I). In contrast, although the T-score of NR was not elevated in patients with a small metastatic burden (EOD = I), it was significantly elevated in patients with extensive osseous metastasis (EOD = III). Conclusion: Three **bone** resorption markers with different generation mechanisms showed a difference in menopause and osseous metastasis status. The level of ICTP was not elevated in postmenopausal patients, but the levels of NTx and TRAP 5b. In osseous metastasis, even though not statistically significant, TRAP 5b increased in patients with a small **bone** metastatic burden and NR increased in patients with extensive **bone** metastatic burden.
REFERENCE COUNT: 14 THERE ARE 14 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L20 ANSWER 2 OF 4 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 2001:303982 HCAPLUS
DOCUMENT NUMBER: 135:286522
TITLE: The serum level of the amino-terminal propeptide of type I **procollagen** is a sensitive marker for prostate **cancer** metastasis to **bone**
AUTHOR(S): **Koizumi, M.**; Yonese, J.; Fukui, I.; **Ogata, E.**
CORPORATE SOURCE: Departments of Nuclear Medicine, Cancer Institute Hospital, Tokyo, Japan
SOURCE: BJU International (2001), 87(4), 348-351

CODEN: BJINFO; ISSN: 1464-4096
PUBLISHER: Blackwell Science Ltd.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The objective was to assess the level of a **bone**-formation marker, the amino-terminal propeptide of type I **procollagen** (PINP), for its utility in indicating **bone** metastasis in patients with prostate **cancer.** Several **bone** formation markers, i.e. PINP, the carboxy-terminal propeptide of type I **procollagen** (PICP), **bone**-specific alkaline phosphatase (BALP), and **bone** Gla protein (BGP), a **bone** resorption marker (pyridinoline crosslinked carboxy-terminal telopeptide, ICTP), and prostate specific antigen (PSA) were measured in 40 patients without and 25 patients with **bone** metastasis. No patient had undergone previous treatment, except for six who developed **bone** metastasis while undergoing hormone therapy. All markers except BGP were significantly higher in patients with **bone** metastasis than in those without. The levels of PINP correlated best with the extent of disease, although the levels of PSA, BALP and ICTP also correlated well. While PINP had the largest area under the receiver-operator characteristic curve, PSA, BALP and ICTP also produced useful curves. In conclusion, the **bone** formation marker PINP seems to be useful for discriminating patients with and without **bone** metastasis. PINP may help in the early and accurate diagnosis of **bone** metastasis in such patients.

REFERENCE COUNT: 14 THERE ARE 14 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L20 ANSWER 3 OF 4 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 2000:145122 HCAPLUS
DOCUMENT NUMBER: 132:175806
TITLE: Method for diagnosing **bone** metastasis of **malignant tumor**
INVENTOR(S): **Ogata, Etsuro; Koizumi, Mitsuru; Takahashi, Shunji**
PATENT ASSIGNEE(S): Japan
SOURCE: PCT Int. Appl., 22 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: Japanese
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2000011480	A1	20000302	WO 1999-JP4480	19990820
W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
AU 9953025	A1	20000314	AU 1999-53025	19990820
EP 1107006	A1	20010613	EP 1999-938547	19990820
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				

PRIORITY APPLN. INFO.: JP 1998-236146 A 19980821
WO 1999-JP4480 W 19990820

AB Therapeutic effects of drugs on **bone** metastasis and **cancer** (mammary **cancer**, prostatic **cancer**, lung

cancer, etc.)-inducing **bone** metastasis are evaluated by using a marker reflecting the activity of osteoblasts and a marker reflecting the effect of osteoclasts, including **bone** alkaline phosphatase, **osteocalcin**, type-I **procollagen** peptide fragments, and crossover index.

REFERENCE COUNT: 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L20 ANSWER 4 OF 4 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 1997:732626 HCAPLUS
DOCUMENT NUMBER: 128:2472
TITLE: Clinical evaluation of serum **bone**-ALP as a **bone** formation marker in **bone** metastases
AUTHOR(S): Koizumi, Mituru; **Takahashi, Shunji**; Aiba, Keisuke; Sekine, Imao; Nakanishi, Toru; Matsutani, Shoichi; Saisho, Hiromitsu; Hirai, Aizan; Saito, Yasushi; **Ogata, Etsuro**
CORPORATE SOURCE: Dep. Nucl. Med., Cancer Inst. Hosp., Tokyo, 170, Japan
SOURCE: Horumon to Rinsho (1997), 45(11), 1091-1098
CODEN: HORIAE; ISSN: 0045-7167
PUBLISHER: Igaku no Sekai Sha
DOCUMENT TYPE: Journal
LANGUAGE: Japanese

AB A simple enzyme immuno assay (EIA) kit for serum **bone**-alkaline phosphatase (ALP) using specific monoclonal antibody to **bone**-ALP was evaluated. Serum **bone**-ALP values were higher in various **carcinomas** with **bone** metastases (**bone** meta.) compared with those without them, being increased with the advance of **bone** meta. The values were also higher in all cases than BGP (**osteocalcin**) levels, being not affected by liver metastases. There was good correlation between serum **bone**-ALP in **cancer** patients with **bone** meta including hepatic and biliary tract disorders determined by EIA and polyacrylamide gel electrophoresis (PAGE), but not Lectin method. Apparently, EIA kit has a high sensitivity, specificity and clin. usefulness in measuring serum **bone**-ALP as a marker of **bone** meta.